

OFFICE OF HOME ENERGY PROGRAMS

LOGON REQUEST FORM

DATE: _____

NAME: _____

SSN: _____

AGENCY: _____

ACTION REQUESTED: Add Delete Revise

USER ROLE (CIRCLE):

Inquiry / Worker / Certifier / Fiscal / Supervisor /

Administrator / State Administrator

Local Agency Approval:

Supervisor signature: _____

To be completed by State OHEP:

ASSIGNED TO GROUP : _____

ASSIGNED LOGON ID: _____

TEMPORARY PASSWORD: _____

CREATED BY: _____ DATE: _____